

Permit #:	15-0403
Date:	10-28-15
Amount Paid:	\$175
Refund:	10-28-15

DN (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 14	Width: 16	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )	
Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Perme Addition</u>	( 14 X 16 )	224
	<input type="checkbox"/>	Accessory Building (specify) _____	(      X      )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
Rec'd for Issuance	<input type="checkbox"/>			
OCT 28 2015	<input type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	
Secretarial Staff	<input type="checkbox"/>			

Address to send permit Copy of Tax Statement

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	215 Feet	Setback from the Lake (ordinary high-water mark)	
		Setback from the River, Stream, Creek	
Setback from the North Lot Line	84 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	94 Feet	Setback from Wetland	
Setback from the West Lot Line	139 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	191 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	21 Feet	Setback to Well	
Setback to Drain Field	25 Feet		35 Feet
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

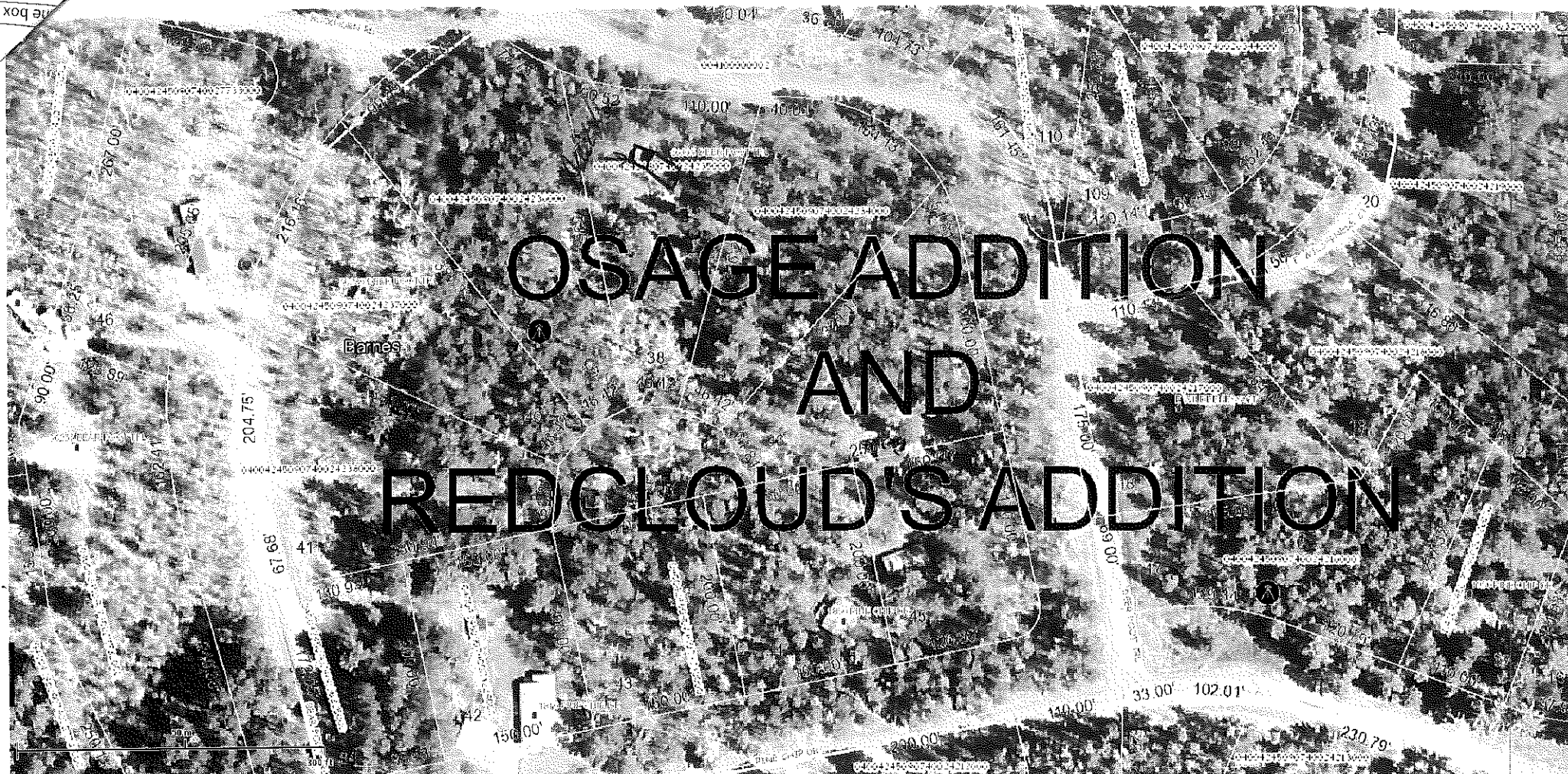
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 704155	# of bedrooms: 4	Sanitary Date: 9/02
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0423		Permit Date: 10-28-15		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Were Property Lines Represented by Owner Was Property Surveyed		
Site Street		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Inspection: 10-27-15		Inspected by: J. P. [Signature]		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Zoning District (F1)		
OK to Start 8/05 Needs UDL		Lakes Classification (NR)		
Signature of Inspector: J. P. [Signature]		Date of Re-Inspection:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>
		Date of [Signature] 10/28/15		

(V)  
(E)  
(Z)  
(T)

field County, WI

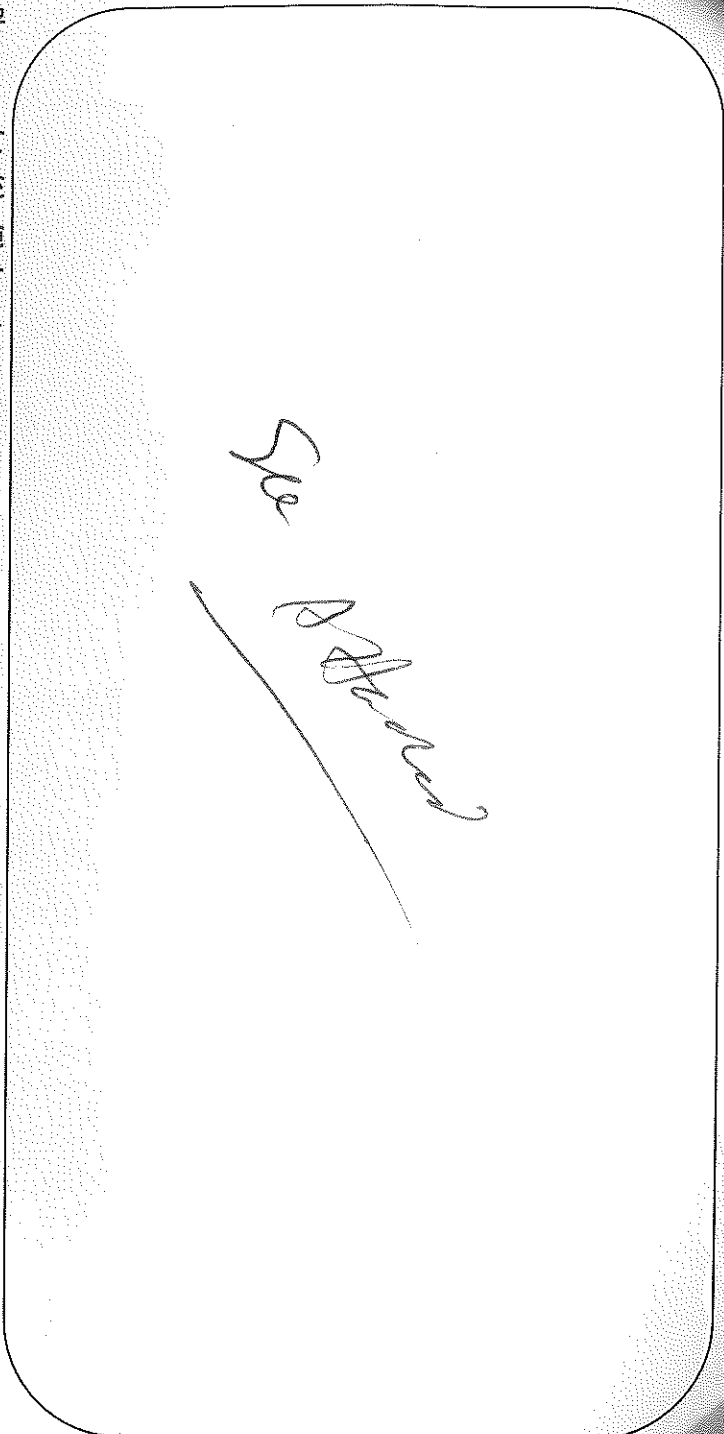






or Sketch your Property (regardless of what you are applying for)

- Proposed Construction  
Show / Indicate:  
(\*) North (N) on Plot Plan  
(\*) Show Location of (\*):  
(\*) Show:  
(\*) Show any (\*):  
(\*) Show any (\*):  
(\*) Show any (\*):
- All Existing Structures on your Property  
(\*) Well (W), (\*) Septic Tank (ST), (\*) Drain Field (DF), (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake, (\*) River, (\*) Stream/Creek, or (\*) Pond  
(\*) Wetlands, or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	278 Feet	Setback from the Lake (ordinary high water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	OK Feet
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	200 Feet	Setback from Wetland	
Setback from the West Lot Line	160 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	505 Feet	Setback to Well	505 Feet
Setback to Drain Field	505 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

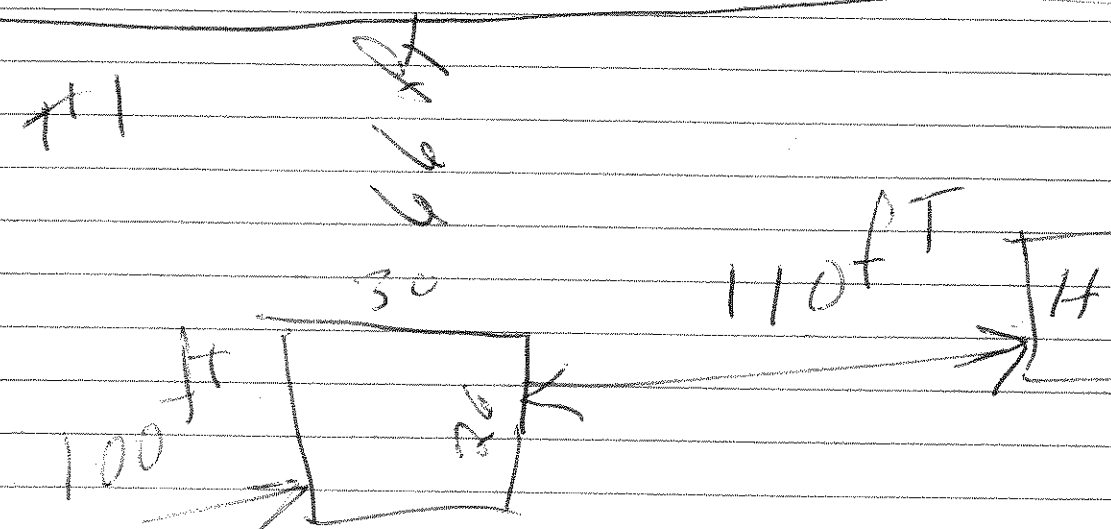
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 150407		Permit Date: 10-30-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Garage Sheds				Zoning District (R3) Lakes Classification ( )	
Date of Inspection: 10-27-15		Inspected by: JLC		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Not for human habitation					
Signature of Inspector: JLC		Date of Approval: 10/30/15			
Hold For Sanitary: <input type="checkbox"/>		Hold For TDA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

112  
 N ↑  
 Lot line



$$\begin{array}{r}
 26 \\
 30 \\
 \hline
 780
 \end{array}$$

Show Location of  
 Show / Indicate  
 (3) Show Location of  
 (4) Show:  
 (5) Show:  
 (6) Show any ("")  
 (7) Show any ("")

Permit #:	15-0429
Date:	10-30-15
Amount Paid:	\$184
Refund:	10-30-15

Permit #:	15-0409
Date:	10-30-15
Amount Paid:	\$184
Refund:	10-30-15

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 28,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sewer/Septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> <u>Garage</u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	24' x 24' Garage addition.	24'	8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)  with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) 24' x 24' Garage <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X ) ( X ) ( X ) ( 24' x 24' ) ( X )	576'
<input type="checkbox"/> Municipal Use		( X )	
Rec'd for Issuance			
<input type="checkbox"/>	Special Use: (explain) _____	( X )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
<input type="checkbox"/>	Other: (explain) _____	( X )	

Secretarial Staff

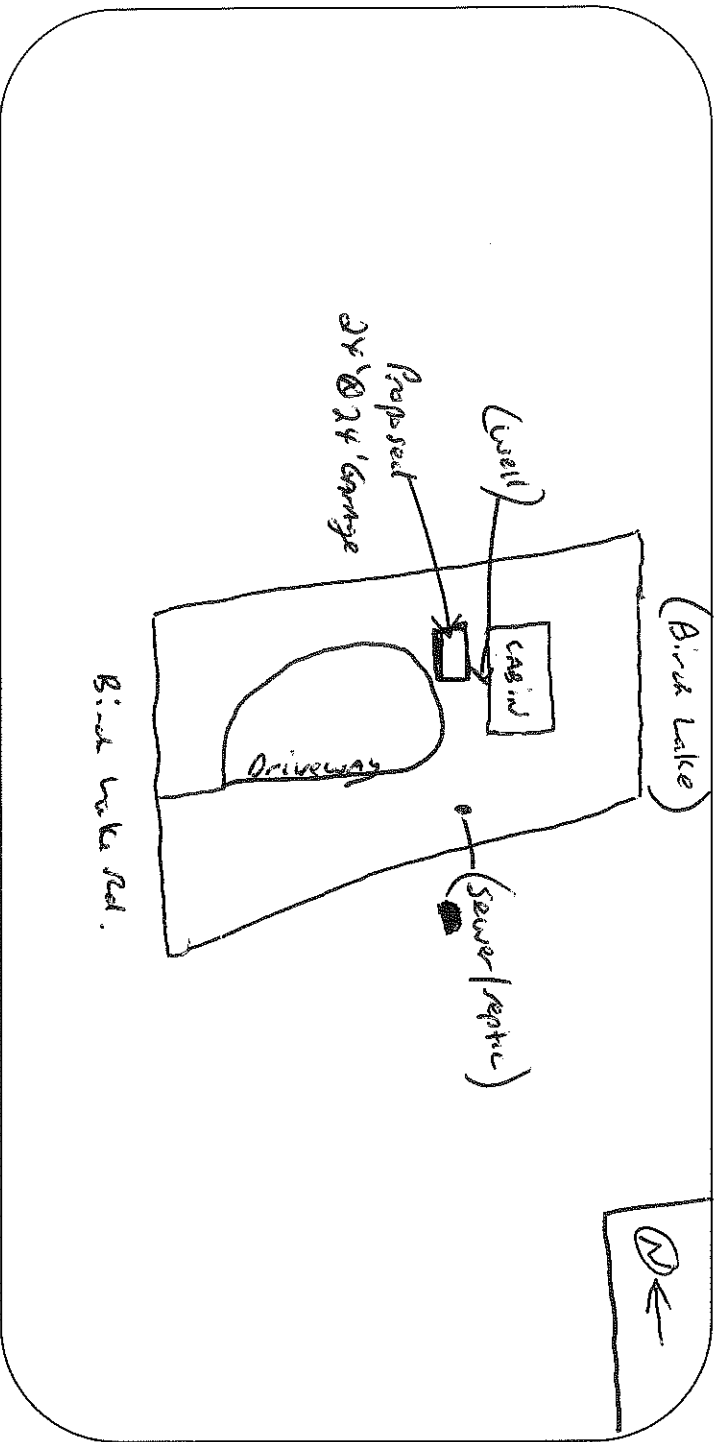
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

**Attach**  
**Copy of Tax Statement**



Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	233 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	225 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	25 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	225 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	163 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	25 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0489		Permit Date: 10-30-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: OK		Zoning District (R1)		Date of Re-Inspection:			
Date of Inspection: 10-27		Inspected by: [Signature]					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (if No they need to be attached.)		Not a human habitation					
Signature of Inspector: [Signature]		Date of Approval: 10-30-15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date: 10-29-2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0430  
Date: 10-30-15  
Amount Paid: \$ 75  
Refund: 10-30-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Address of Property:		City/State/Zip:		Cell Phone:				
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-024-2-45-09-08-300-220-52000		Recorded Document (i.e. Property Ownership) Volume <u>1198</u> Page(s) <u>591</u>		
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: <u>Running Bears Add.</u>
Section <u>8</u> , Township <u>45</u> N, Range <u>9</u> W		Town of:				Lot Size	Acreage <u>1.9</u>	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>10,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>ST</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Portable (w/service contract)		
		<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )	
	with Loft	( <u>  </u> X <u>  </u> )	
	with a Porch	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )	
	with a Deck	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u>  </u> X <u>  </u> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> X <u>  </u> )	
	Mobile Home (manufactured date)	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( <u>  </u> X <u>  </u> )	
	Accessory Building (specify)	( <u>  </u> X <u>  </u> )	
	Accessory Building Addition/Alteration (specify)	( <u>  </u> X <u>  </u> )	
	Special Use: (specify)	( <u>  </u> X <u>  </u> )	
	Conditional Use: (specify)	( <u>  </u> X <u>  </u> )	
	Other: (explain)	( <u>28 X 32</u> )	<u>8910</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
(I/we) acknowledge that (I/we) am/are responsible for the accuracy of all information (I/we) am/are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on this information. (I/we) am/are providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): NAME WITH Date 10-1-15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

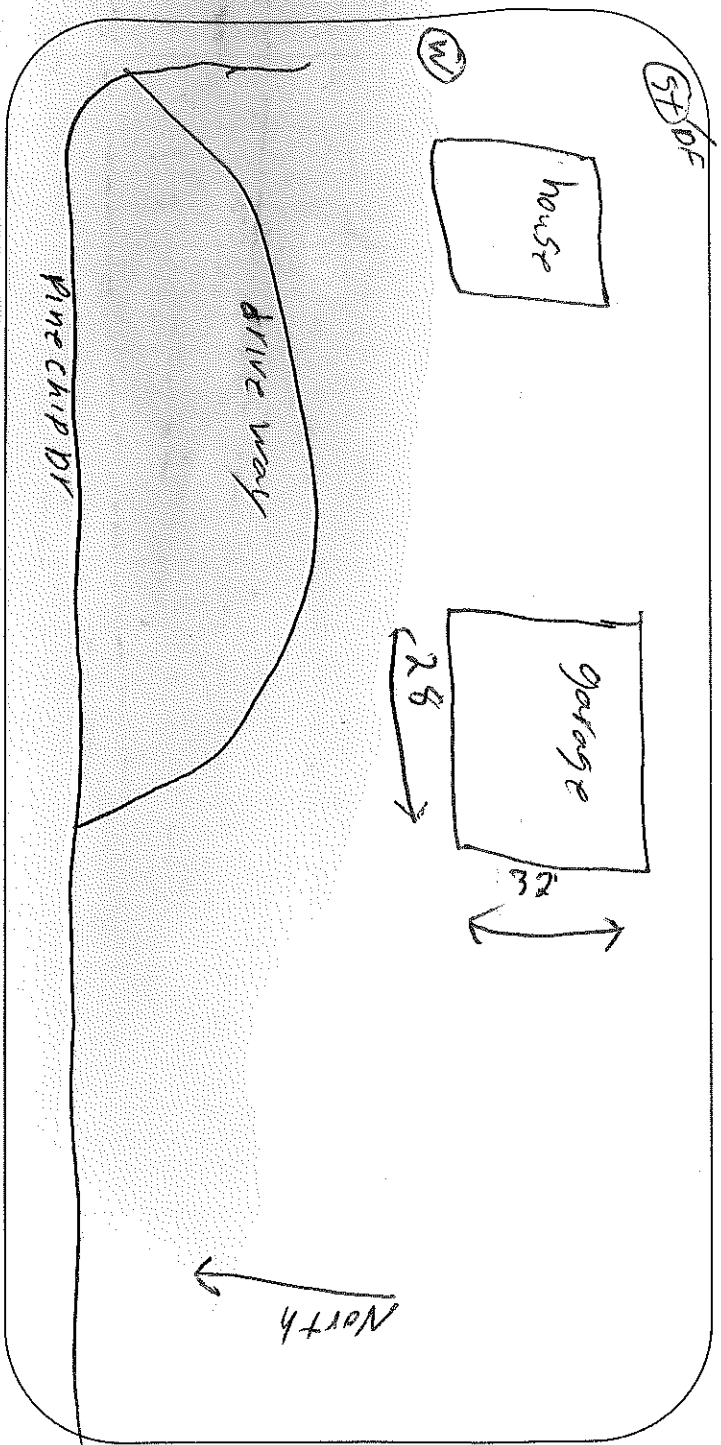
Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	156 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	124 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North lot line	126 Feet	Setback from the Bank or Bluff	Feet
Setback from the South lot line	115 Feet	Setback from Wetland	Feet
Setback from the West lot line	48 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East lot line	101 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	83 Feet	Setback to Well	84 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

NOTE: For all proposed construction of a structure within ten (10) feet of the proposed indicated setback, the boundary line from which the setback shall be measured must be clearly shown and previously accepted survey to the other previously accepted survey or marked by permanent survey at the nearest corner. Prior to the placement or construction of a structure more than ten (10) feet from the indicated setback, the boundary line from which the setback shall be measured must be clearly shown and previously accepted survey to the other previously accepted survey or marked by permanent survey at the nearest corner. Survey to the indicated setback shall be made by a licensed surveyor at the owner's expense.

(9) State or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings, All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0430	Permit Date: 10-30-15				
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fixed/Coniguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (P1)			
Date of Inspection: 10-27-15		Inspected by: [Signature]		Lakes Classification ( )	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:			
Not for human habitation					
Signature of Inspector: [Signature]		Date of Approval: 10-30-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	